


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90189 034 ****61.25

DOCUMENT # N05000001926	
1. Entity Name RADIO ARMONIA ESPIRITUAL, INC.	

Principal Place of Business 7729 BAYBERRY CT ORLANDO, FL 32810 US	Mailing Address P.O. BOX 607144 ORLANDO, FL 32860 US
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2. Principal Place of Business 7729 Bayberry Ct. Suite, Apt. #, etc. Orlando, FL City & State FL	3. Mailing Address 7729 Bayberry Ct. Suite, Apt. #, etc. Orlando City & State FL
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04102006 Chg-NP CR2E037 (11/05)

Zip 32810	Country U.S.A.	Zip 32810	Country U.S.A.
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, MARITZA REV. 6792 BRITTANY CHASE CT ORLANDO, FL 32810

7. Name and Address of New Registered Agent Name: <u>Rev. Carmen L. Muñoz</u> Street Address (P.O. Box Number is Not Acceptable): <u>7729 Bayberry Ct.</u> City: <u>Orlando</u> FL Zip Code: <u>32810</u>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <u>Rev. Carmen Lucy Muñoz</u> Signature, typed or printed name of registered agent and title if applicable.	Rev. <u>Carmen Lucy Muñoz</u> (NOTE: Registered Agent signature required when reissuing)	DATE <u>4/9/06</u>
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Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME MUNOZ, CARMEN L REV.	
STREET ADDRESS 7729 BAYBERRY CT.	
CITY-ST-ZIP ORLANDO, FL 32810	
TITLE VP	<input type="checkbox"/> Delete
NAME LOZADA, CARMEN L MS.	
STREET ADDRESS 7729 BAYBERRY CT.	
CITY-ST-ZIP ORLANDO, FL 32810	
TITLE S	<input type="checkbox"/> Delete
NAME FLORES, JUDITH MRS.	
STREET ADDRESS 6641 BRICKELL COURT	
CITY-ST-ZIP ORLANDO, FL 32809	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Carmen Lucy Muñoz, President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4/9/06</u>	Daytime Phone # <u>(407) 298-6565</u>
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